Fill	in this informa	tion to identify your c	.aca.							
100000000								•		,
De	btor 1	Eduardo E Landeo		le Name I	Last Nam	e				
De	btor 2									
(Spo	ouse if, filing)	First Name	Midd	le Name l	Last Nam	e				
Un	ited States Bank	ruptcy Court for the:	EASTER	N DISTRICT OF NEW Y	ORK					
Ca	se number 18	-43880								
(if kr	nown)	· · · · · · · · · · · · · · · · · · ·						■ Check	if this is a	เก
			*******************************	****				amend	led filing	
∩fi	ficial Form	106E/F								
			ho Hav	e Unsecured C	laim	e			12/1	5
Sche Sche left. nam	edule G: Executor edule D: Creditors Attach the Contin e and case numbe	y Contracts and Unexpires Who Have Claims Seculuation Page to this page or (if known).	red Leases red by Pro e. If you hav	result in a claim. Also list of (Official Form 106G). Do no perty. If more space is need we no information to report	not inclu eded, co	ide any cre py the Part	ditors with partially you need, fill it out,	secured claims that a number the entries in	are listed in n the boxe	n es on the
******		of Your PRIORITY Uns						·		
1.	-	have priority unsecured	claims aga	ainst you?						
	☐ No. Go to Part Yes.	2.								
2.	identify what type possible, list the cl	of claim it is. If a claim has laims in alphabetical order	both priorit according t	r has more than one priority by and nonpriority amounts, li to the creditor's name. If you i, list the other creditors in Pa	ist that o	laim here ar	nd show both priority	and nonpriority amount	ts. As much	h as
	(For an explanatio	n of each type of claim, se	ee the instru	ctions for this form in the ins	struction	booklet.)	Total claim	Priority amount	Nonprior amount	ity
2.1	INTERNAL	L REVENUE SERVI	CE	Last 4 digits of account n	number	9409	\$26,500.00			\$0.00
		NCY - 6TH FLOOR		When was the debt incur	red?	4/15/201				
	2 METRO	LE AVENUE TECH CENTER /N, NY 11201								
		et City State Zlp Code		As of the date you file, the	e claim	is: Check al	ll that apply			
	Who incurred th	ne debt? Check one.		☐ Contingent						
	Debtor 1 only			☐ Unliquidated						
	Debtor 2 only			☐ Disputed						
	Debtor 1 and	Debtor 2 only		Type of PRIORITY unsecu	ured cla	im:				
	☐ At least one o	of the debtors and another		☐ Domestic support obliga	ations					
	☐ Check if this	claim is for a communi	ty debt	Taxes and certain other	debts y	ou owe the	government			
	Is the claim sub	ject to offset?		☐ Claims for death or pers	sonal inj	ury while you	u were intoxicated			
	■ No □ Yes			Other, Specify						
	,									

Debtor 1 Eduardo E Landecho	***************************************	Case numb	er (if known)	18-43880	
2.2 MARIA LANDECHO Priority Creditor's Name	Last 4 digits of account number	9409	\$0.00	\$0.00	\$0.00
31 LINDEN PLACE	When was the debt incurred?	1/1/2018			
MALVERNE, NY 11565 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all tha	it apply		
Who incurred the debt? Check one.	☐ Contingent		«۲۲»		
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
\square At least one of the debtors and another	Domestic support obligations				
\square Check if this claim is for a community debt	☐ Taxes and certain other debts	you owe the gove	ernment		
Is the claim subject to offset?	Claims for death or personal in	jury while you we	re intoxicated		
■ No	Other. Specify				
☐ Yes	Child Supj assignmer		ance - Paid b	y wage	
2.3 NYS DEPT OF TAXATION	Last 4 digits of account number	3180	\$13,000.00	\$13,000.00	\$0.00
Priority Creditor's Name 250 VETERANS MEM HWY HAUPPAUGE, NY 11788	When was the debt incurred?	4/15/2015	***************************************		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all tha	t apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	nim:			
At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts y	-			
Is the claim subject to offset? ■ No	☐ Claims for death or personal inj	ury while you we	re intoxicated		
☐ Yes	Other. Specify Personal II	ncome Taxes	<u> </u>	***************************************	

2.4 RICHARD S FEINSILVER ESQ Priority Creditor's Name	Last 4 digits of account number	0001	\$3,000.00	\$3,000.00	\$0.00
ONE OLD COUNTRY ROAD SUITE 125	When was the debt incurred?	1/1/2018			
CARLE PLACE, NY 11514	As of the data you file the claim	io. Chaak all tha	l anni.		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim Contingent	is. Offect all tria	гарріу		
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	☐ Taxes and certain other debts y	ou owe the gove	rnment		
Is the claim subject to offset?	Claims for death or personal inj	ury while you wer	e intoxicated		
■ No	Other. Specify Wages, sal	aries, and co	ommissions		
☐ Yes					
Part 2: List All of Your NONPRIORITY Unsecu					
3. Do any creditors have nonpriority unsecured claim	•				
☐ No. You have nothing to report in this part. Submit	this form to the court with your other s	chedules.			
Yes.					
4. List all of your nonpriority unsecured claims in the	alphabetical order of the creditor v	vho holds each	claim. If a credito	r has more than one nonprid	ority

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

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Debtor	1 Eduardo E Landecho		Case number (if known)	18-43880	
					Total claim
4.1	ANDRE SAAD MD Nonpriority Creditor's Name	Last 4 digits of account number	0001		Unknown
	372 POST AVENUE WESTBURY, NY 11590	When was the debt incurred?	1/1/2011		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	No No	Debts to pension or profit-sharin	g plans, and other similar de	ebts	
	Yes	Other. Specify Services			
4.2	COLUMBIA PRES HOSPITAL	Last 4 digits of account number	0001		\$300.00
	Nonpriority Creditor's Name BOX 27765	When was the debt incurred?	1/1/2017		
	New York, NY 10087 Number Street City State Zlp Code	As of the date you file, the claim i	s: Chack all that annly		
	Who incurred the debt? Check one.	As of the date you me, the claim	3. Officer all triat apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	□ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharin	g plans, and other similar de	bts	
***************************************	☐ Yes	Other. Specify Services			
4.3	MANHATTAN INTERNAL MED Nonpriority Creditor's Name	Last 4 digits of account number	8935		\$177.00
	145 EAST 32ND STREET S 303	When was the debt incurred?	1/1/2017		
_	New York, NY 10016				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	t claim:		
	At least one of the debtors and another	Student loans	i viaitti.		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separ	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	action agreement or another	anat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	bts	
	☐ Yes	Other. Specify Services			

Official Form 106 E/F

Nonpriority Creditor's Name 135 ROCKWAY TURNPIKE Lawrence, NY 11559 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes When was the debt incurred? 1/1/2017 As of the date you file, the claim is: Check all that apply When was the debt incurred? 1/1/2017 As of the date you file, the claim is: Check all that apply When was the debt incurred? 1/1/2017 As of the date you file, the claim is: Check all that apply When was the debt incurred? 1/1/2017 As of the date you file, the claim is: Check all that apply Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Services	047.00
135 ROCKWAY TURNPIKE Lawrence, NY 11559 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Nonpriority Creditor's Name At least one of the debtor and another Student loans No Debts to pension or profit-sharing plans, and other similar debts Nonpriority Creditor's Name At 2 JERICHO TPKE New Hyde Park, NY 11040 Number Street City State Zip Code Nonpriority Check one. Debtor 1 and Debtor 2 only Disputed Student loans Student loans Disputed	,017.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Debtor 1 street City State Zip Code Who incurred the debtors and another Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 street City State Zip Code Who incurred the debtors and another Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Student loans Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Student loans Student loans Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans	
Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and obtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and obtor 2 only Debtor 1 and obtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 community Debtor 2 only Debtor 3 community Debtor 4 community Debtor 3 community Debtor 4 community Debtor 5 community Debtor 6 community Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 6 community Debtor 7 community Debtor 8 community Debtor 9 community Debtor 9 community Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 community Debtor 2 only Debtor 4 community Debtor 6 community Debtor 7 community Debtor 7 community Debtor 8 community Debtor 9 c	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Other. Specify □ Other. Specify ■ MARGARET ZADNICK MD Nonpriority Creditor's Name 412 JERICHO TPKE New Hyde Park, NY 11040 Number Street City State 2/p Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community □ Debtor 1 only □ Debtor 1 only □ Disputed □ Type of NONPRIORITY unsecured claim: □ Check if this claim is for a community □ Debtor 1 only □ Disputed □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community □ Student loans □ Debtor 1 only □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Debtor 1 only □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans	
debt Sthe claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
A.5 MARGARET ZADNICK MD Nonpriority Creditor's Name 412 JERICHO TPKE New Hyde Park, NY 11040 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community Services Last 4 digits of account number 0001 When was the debt incurred? 1/1/2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	
Nonpriority Creditor's Name 412 JERICHO TPKE New Hyde Park, NY 11040 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community When was the debt incurred? 1/1/2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	
## A12 JERICHO TPKE New Hyde Park, NY 11040 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community When was the debt incurred? ### As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply ### Contingent □ Unliquidated □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans	\$790.00
Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community □ Student loans	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community ☐ Student loans	
Check it this claim is for a community	
debt Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify ☐ Services	
4.6 MT SINAI DOCTORS Last 4 digits of account number 2540 \$ Nonpriority Creditor's Name	100.00
BOX 28965 When was the debt incurred? 1/1/2016 NY, NY 10087	
Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
Debtor 1 only	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Services	

Debto	r1 Eduardo E Landecho	Case number (if known) 18-43880	
4.7	NORTH SHORE LIJ	Last 4 digits of account number 6144	\$133.00
	Nonpriority Creditor's Name BOX 4317	When was the debt incurred? 1/1/2016	
	MANHASSET, NY 11030		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Services	
4.8	NORTHWELL HEALTH	Last 4 digits of account number 0001	\$60.00
L	Nonpriority Creditor's Name		Ψ0.00
	BOX 28372	When was the debt incurred? 1/1/2017	
	New York, NY 10087 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Services	
4.9	PROFESSIONAL RECOVERY	Last 4 digits of account number 0001	\$152.00
	Nonpriority Creditor's Name BOX 215	Miles and 1141 and 20 AM 10047	
	LEVITTOWN, NY 11756	When was the debt incurred? 1/1/2017	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Services	
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed	
is tryi have i	ng to collect from you for a debt you owe to	d about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if someone else, list the original creditor in Parts 1 or 2, then list the collection agency here hat you listed in Parts 1 or 2, list the additional creditors here. If you do not have addition tor submit this page.	e. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
ARST	RAT 360103	Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims	
	700 I 00	Part 2: Creditors with Nonpriority Unsecured Claim	

Official Form 106 E/F

Debtor 1 Eduardo E Landecho		Case number (if known) 18-43880				
MINNEAPOLIS, MN 55486	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
INTERNAL REVENUE SERVICE	Line 2.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims				
11601 ROOSEVELT BLVD BOX 7346		☐ Part 2: Creditors with Nonpriority Unsecured Claims				
PHILADELPHIA, PA 19114						
,	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
PCB	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
BOX 9060 HICKSVILLE, NY 11802		Part 2: Creditors with Nonpriority Unsecured Claims				
THOROVILLE, NY TIOOZ	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2 di	id you list the original creditor?				
rich	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	39,500.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	s	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	3,000.00
		,		Ť	3,000.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	42,500.00
	6f.	Student loans	6f.	\$	Total Claim
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$	0.00
				\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	2,729.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	2,729.00